

**NASSAU COUNTY DEPARTMENT OF PUBLIC WORKS**  
**CONSULTANT/CONTRACTOR DETAILED MBE/WBE UTILIZATION PLAN**

**Part 1 - General Information:**

<b>Consultant/Contractor Name:</b>	
<b>Address (street/city/state/zip code):</b>	
<b>Authorized Representative (name/title):</b>	
<b>Authorized Signature:</b>	
<b>Contract Number:</b>	
<b>Contract/Project Name:</b>	
<b>Contract/Project Description:</b>	

**Part 2 - Projected MBE/WBE Contract Summary:**

	Amount (\$)	Percentage (%)
Total Dollar Value of the Prime Contract		
Total MBE Dollar Amount		MBE Contract Percentage
Total WBE Dollar Amount		WBE Contract Percentage
Total Combined M/WBE Dollar Amount		Combined M/WBE Contract Percentage



Part 3 - MBE Information (use additional blank sheets as necessary):

MBE Firm	Description of Work (MBE)	Projected MBE Contract Amount (\$) and Award Date	MBE Contract Scheduled Start Date and Completion Date
Name: Address: City: State/Zip Code: Authorized Representative: Telephone No.:		Amount (\$): Award Date:	Start Date: Completion Date:
Name: Address: City: State/Zip Code: Authorized Representative: Telephone No.:		Amount (\$): Award Date:	Start Date: Completion Date:
Name: Address: City: State/Zip Code: Authorized Representative: Telephone No.:		Amount (\$): Award Date:	Start Date: Completion Date:



Part 4 - WBE Information (use additional blank sheets as necessary):

WBE Firm	Description of Work (WBE)	Projected WBE Contract Amount (\$) and Award Date	WBE Contract Scheduled Start Date and Completion Date
Name: Address: City: State/Zip Code: Authorized Representative: Telephone No.:		Amount (\$): Award Date:	Start Date: Completion Date:
Name: Address: City: State/Zip Code: Authorized Representative: Telephone No.:		Amount (\$): Award Date:	Start Date: Completion Date:
Name: Address: City: State/Zip Code: Authorized Representative: Telephone No.:		Amount (\$): Award Date:	Start Date: Completion Date: